

Patient's name .....

DOB

MRN .....

Clinic .....

Date

Tray tracing label



## SIGN IN BEFORE ANAESTHESIA

To be completed  
by operating surgeon

### Patient's details

- Patient/carer stated name, DOB, MRN/address? Yes
- Consent confirmed? Yes
- Medical history (inc allergies) checked? Yes
- Most representative biopsy site(s) confirmed? Yes
- Site marked? Yes  N/A
- Whiteboard completed? Yes  N/A
- Correct equipment/storage medium available? Yes

### Procedure

- Excisional
- Incisional
- Multiple sites
- Other soft tissue procedure

## TIME OUT BEFORE PROCEDURE

All team members  
present and focused

### Verbal 2-person check

- Patient's name, DOB, MRN confirmed? Yes
- Procedure site confirmed with whiteboard? Yes  N/A
- Procedure and site confirmed on patient? Yes

## SIGN OUT BEFORE PATIENT LEAVES CLINIC

All team members  
present and focused

### To be led by operating surgeon

- Procedure completed as planned? Yes
- All sharps accounted for and removed from tray? Yes  Initials
- Post-procedure instructions discussed? Yes
- Specimen(s) taken? Yes  No

### Specimens

- Correct number of specimens? Yes
- Specimen(s) labelled correctly? Yes
- Specimen(s) priority  Urgent  Routine

### Operating surgeon completing procedure

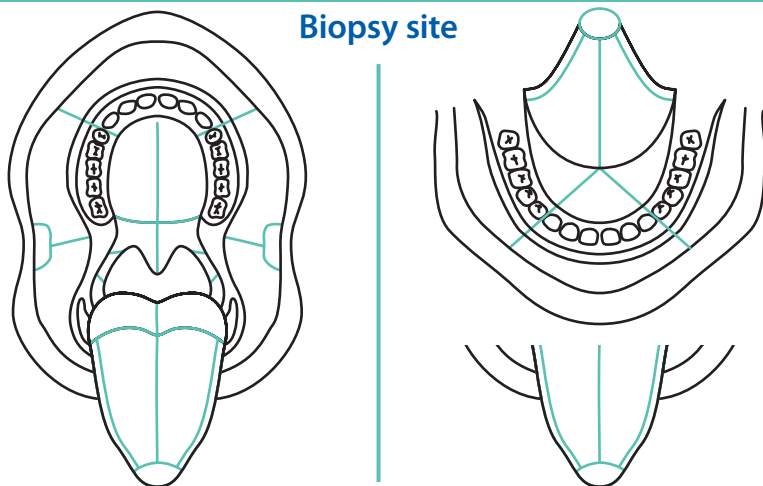
Name (PRINT) .....

Signature .....

### Second registered practitioner/student

Name (PRINT) .....

Signature .....



Biopsy site

Treatment in words .....

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